

Nebraska Dept of Health & Human Services
The Role of the School Nurse in Special Education

November 17, 2009

CNE Code # A1.1151

Location:

Evaluation: Complete this form and turn it in as you leave the room. Please evaluate how well the following objectives and criteria were met.

I am a: (Please Check 1) ☐ **APRN** ☐ **RN** ☐ **LPN** ☐ **Other Discipline Participant**

Strongly Agree	Neutral	Disagree	Strongly Disagree	
5	4	3	2	1
5	4	3	2	1

As a participant in this educational activity, I can now:

1. Discuss the basic rights and responsibilities of IDEA (schools, parents and families, state DOE).

a. Objective was met.	5	4	3	2	1	N/A
b. Jill Weatherly demonstrated expertise in the content	5	4	3	2	1	N/A
c. Teaching strategies were appropriate for the material.	5	4	3	2	1	N/A

2. Describe the Individualized Education Plan (IEP).

a. Objective was met.	5	4	3	2	1	N/A
b. Jill Weatherly demonstrated expertise in the content.	5	4	3	2	1	N/A
c. Teaching strategies were appropriate for the material.	5	4	3	2	1	N/A

3. Compare IDEA with Section 504 (Civil Rights Law).

a. Objective was met.	5	4	3	2	1	N/A
b. Jill Weatherly demonstrated expertise in the content... ..	5	4	3	2	1	N/A
c. Teaching strategies were appropriate for the material.	5	4	3	2	1	N/A

4. Describe the role of the school nurse on the IEP team and developing the IHP.

a. Objective was met.	5	4	3	2	1	N/A
b. Jill Weatherly demonstrated expertise in the content.....	5	4	3	2	1	N/A
c. Teaching strategies were appropriate for the material.	5	4	3	2	1	N/A

6. Presentation was given without evidence of commercial bias or influence

.....	5	4	3	2	1	N/A
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7. Presentation was based on evidence accepted within the profession of nursing

.....	5	4	3	2	1	N/A
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8. Recommendations on clinical care were valid and will enhance my nursing practice

.....	5	4	3	2	1	N/A
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9. Rate the ease in using provided learning materials

.....	5	4	3	2	1	N/A
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10. Rate your satisfaction with the method used to deliver this training. IE: Face to face, tele-health

.....	5	4	3	2	1	N/A
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11. This training was conducted in a culturally appropriate manner

.....	5	4	3	2	1	N/A
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PLEASE CONTINUE ON NEXT PAGE

12. There was disclosure in writing or verbally regarding the conflict of interest or lack thereof declared by planners & presenter(s) or content specialists. ☐ Yes ☐ No

Educational Activity Evaluation: Objectives related to overall purpose. ☐ Yes ☐ No

Describe IDEA (Individuals with Disabilities in Education Act) and the IEP (Individualized Education Plan). Briefly compare IDEA with Section 504. Describe the role of the school nurse on the IEP team, and development of the IHP (Individualized Healthcare Plan).

TELEHEALTH SYSTEM EVALUATION:

Please identify the location where you are attending this telehealth session:

How many are present at your location today?

- | | | | | | | |
|---|---|---|---|---|-----|--|
| 1. The use of the telehealth system was conducive to my learning. | | | | | | |
|5 | 4 | 3 | 2 | 1 | N/A | |
| 2. The picture quality of this session was satisfactory. | | | | | | |
|5 | 4 | 3 | 2 | 1 | N/A | |
| 3. The sound quality of this session was satisfactory. | | | | | | |
|5 | 4 | 3 | 2 | 1 | N/A | |
| 4. I am very likely to use the telehealth system again for my professional learning needs. | | | | | | |
|5 | 4 | 3 | 2 | 1 | N/A | |

Comments:

Please make comments about the program below:

Please make suggestions for future activities and speakers below:

Thank you for your participation!